| Statement of Municipal Inactivity | Statement | of | Muni | cipal | Inactivity |
|--|------------------|----|------|-------|-------------------|
|--|------------------|----|------|-------|-------------------|

| Amendment | |
|-----------|------|
| ☐ Yes | □ No |
| | |

This form should be used by non-municipal committees only (i.e. political party committees, political action committees, and non-municipal candidates). Use this form to certify that the committee has not engaged in financial activity affecting municipal elections during the period covered by a municipal report. Use this form only if the committee spent funds on a municipal election during the current year, filed a previous municipal report, and has made no municipal election expenditures since the ending date of the last municipal report.

| 1. Committee Information | | | | | | | |
|--|-----------------------------------|----------------|-----------------------------|--|--|--|--|
| a. Full Name | | | c. ID Number | | | | |
| | | | | | | | |
| b. Mailing Address (include City, State and Zip | Code) | | d. Date Filed | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
| | | | | | | | |
| | | | e. Phone Number | | | | |
| | | | | | | | |
| 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name | | | | | | | |
| | | | | | | | |
| | ' | | | | | | |
| | | | | | | | |
| 6. This Statement is filed in lieu of the | • | _ | pality(s) affected by | | | | |
| following report: | municipal report is due: | previous | s municipal report(s): | | | | |
| ☐ Thirty-five day | | | | | | | |
| ☐ Pre-primary | | | | | | | |
| Pre-election | | | | | | | |
| Pre-runoff | | | | | | | |
| ☐ Special | | | | | | | |
| | | | | | | | |
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| CERTIFICATION | | | | | | | |
| CERTIFICATION | | | | | | | |
| I certify that the Committee or Fund has not made | de expenditures to affect a munic | rinal election | during the reporting period | | | | |
| covered by this Statement. I further certify that | = | _ | | | | | |
| Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with | | | | | | | |
| prohibited or other non-disclosed funds. I further certify that this Statement is complete, true and correct and that I have | | | | | | | |
| been trained by the NC State Board of Elections. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Printed Name of Signer | C:-notives of Appointed Tree | | Data | | | | |
| FOR OFFICE USE ONLY | Signature of Appointed Treas | surer | Date | | | | |
| | T 1 | Del | livery Method | | | | |
| Date Received: | Employee: | <u></u> | Normal Mail | | | | |
| Date Postmarked: | Employee: | | Registered Mail | | | | |
| | Employee. | - Ц | Hand Delivered | | | | |
| Date Scanned: | Employee: | | | | | | |
| | | | Signer has not received | | | | |
| | | _ | mandatory training | | | | |